

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10496</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Howard</u> <u>C</u> <u>Murdoch</u>  P.O. Box, Bldg., Room No., if any <u>Room 502</u>  Street <u>300 S. Ashland Avenue</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60607</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 703</u>  Labor Organization File Number <u>022-671</u>  P.O. Box, Building and Room Number, if any <u>Room 502</u>  Street <u>300 S. Ashland Avenue</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60607</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>SAFEWAY INC.</u> Trade Name, if any: <u>DOMINICKS FINEA FOODS</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>4410 Rosewood Dr.</u> City <u>Placenton</u> State <u>CAL.</u> ZIP Code + 4 <u>9294588</u>	7.a. Nature of Interest, Transaction, or Income. <u>UNION AND EMPLOYER BARGAINING COMMITTEES MET APX. 20 TIMES IN LONG NEGOTIATING SESSIONS. FOOD AND BEVERAGE OF UNKNOWN VALUE WERE MADE AVAILABLE BY EMPLOYER TO ALL PARTICIPANTS. UNION PAID LOST WAGES OF EMPLOYEES WHO ATTENDED.</u>  7.b. Amount. <u>APPROXIMATELY 250.00</u>

Signature Howard C Murdoch

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Howard C Murdoch

On 5/9/2006

Date

312-738-1350

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

See attached letter.

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

12.b. Amount. 

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

11 a

Howard C. Murdoch

U-10496

12/31/2005

U.S. Department of Labor  
Office of Labor-Management Standards  
Washington, DC 20210

Re: LM-30 Filing Requirement for 2005

For fiscal year starting January 1, 2005 through December 31, 2005, I did not exceed the "de minimis" amount allowed that I am aware of.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard C. Murdoch", written over the printed name.

Howard C. Murdoch  
President  
Teamsters Local 703